IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	:	Yoshiyuki TAKAKU et al.
Serial No.	:	09/824,269
For	:	**METHOD OF CONTROLLING DEVICES IN AN AUDIO VISUAL SYSTEM**
Filed	:	April 2, 2001
Examiner	:	A. Casiano
Art Unit	:	2182

Supp. Amdt 1/15/04

RECEIVED

JAN 09 2004

Technology Center 2100

745 Fifth Avenue
New York, NY 10151
Tel. (212) 588-0800

I hereby certify that this correspondence is being deposited with The United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 5, 2004.

Darren M. Simon, Reg. No. 47,946

Name of Applicant, Assignee or Registered Representative

Signature

January 5, 2004

Date of Signature

SUPPLEMENTAL AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:

Further to the Amendment filed December 17, 2003, in response to the non-final Office Action which issued September 26, 2003, please amend the above-referenced application as follows.

00166375

2182

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No.	:	09/824,269
For	:	**METHOD OF CONTROLLING DEVICES IN AN AUDIO VISUAL SYSTEM**
Filed	:	April 2, 2001
Examiner	:	CASIANO, Angel L.
Art Unit	:	2182

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MAIL STOP NON-FEE AMENDMENT
COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450
Sir:

Transmitted herewith is a supplemental amendment in the above-identified application.

  _X_   No additional fee is required.

  _ _   The fee has been calculated as shown below.

  _ _   This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	16	Minus	20 =	0 ×	$18(9)	= $0
Independent claims	6	Minus	6 =	0 ×	$86(43)	= $0
			Total additional fee for this amendment			= $0

  *   If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
  **   If the highest number of total claims previously paid for is less than 20, write "20" in this space.
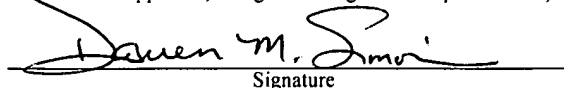 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of $290 ($145) has been previously paid __, or is paid herewith __.

☐ This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a __-**month** extension of time. A check covering the cost of the petition is enclosed.

☐ A check in the amount of $ ___.00 is attached, which covers the cost of ☐ additional claims **and** ☐ -month petition for extension of time.

☐ Charge $_ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Darren M. Simon, Reg. No. 47,946
(Name of Applicant, Assignee or Registered Representative)

_____
Signature

January 5, 2004
Date of Signature

FROMMER LAWRENCE & HAUG, LLP
Attorneys for Applicant(s)

_____
By: Darren M. Simon
Reg. No. 47,946
Tel. (212) 588-0800

00167010